Nebraska Library Commission

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Annual School Enrollment Form

School Year

Please complete and return to: Nebraska Library Commission Talking Book & Braille Service 1200 N Street, Suite 120, Lincoln, NE 68508-2023 School _____ Department______Telephone _____ City_____ State ____ ZIP Code_____ Please send: digital player(s) _____ headphones Please send only specific titles I request Please send any books on the grade level(s) Reminder: In order to continue to use the playback equipment, National Library Service regulations require that your facility borrow books and/or magazines from the Talking Book & Braille Service each year. Teacher or staff member responsible for this service: Name Email The following students will be using talking books and **Currently registered with** Playback equipment assigned to my classroom: **Talking Book & Braille Service?** Name and address (print or type) Disability* No** Yes

^{*} B = blind, V = visual handicap, P = physical handicap, R = Reading disability

^{**}if "No," a separate certified application must be submitted for each unregistered student.